



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
BUREAU OF LICENSING & CERTIFICATION**

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CERTIFICATION ASSESSMENT SURVEY

The staff at the Health Facilities Administration State Certification Unit invites you to participate in an **optional** assessment of today's Certification Review and the service delivery system as a whole. If you choose to participate, you may acknowledge who you are or **you may choose to remain anonymous** by omitting any identifying information requested on this form. We thank you in advance for your willingness to help us assess the strengths and weaknesses of the state certification process and the service delivery system as a whole.

Did you receive ample notice in the scheduling of this review?

Was the review appropriate in terms of time spent at the residence/program?

Would you describe the reviewer as professional?

Are you satisfied with the services received from the area agency / vendor agency?

Aside from certification, do you feel that there is adequate monitoring of this home/program?

Do you feel adequately supported by your area agency or vendor?

Does the individual have any outstanding needs that are not being addressed?

Other comments or suggestions?

Review Date: _____ Residence/Program: _____ Surveyor: _____

Signature: _____

Peter E. Bacon
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